



STATE ETHICS COMMISSION
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Daytime Telephone Number

E-mail Address

Last Name										First Name										Middle Initials									
Street or Mailing Address																				Apartment No.									
City										State					Zip Code					County									

EMPLOYMENT ELIGIBILITY: To be employed by the State Ethics Commission, you must meet certain State and Federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, positive rehire status if previously employed by the State, and no felony convictions (for some jobs). Please answer the following questions.

1. Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Are you an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Have you ever been dismissed from any State of Georgia government position? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation.	4. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach an explanation.
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Job Type/Title Sought	Job Type/Title Sought
1.	2.

EDUCATION:

High School Graduate or Equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational/Business School:	No. of Months:	Field of Study:	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: (Mo./Yr.)					
PLEASE LIST EXACT COLLEGE HOURS :		CREDIT RECEIVED		FIELD/AREA OF CONCENTRATION				TYPE OF DEGREE	DATE DEGREE COMPLETED
COLLEGES/UNIVERSITIES	CITY and STATE	Qtr Hrs	Sem Hrs	Major	Hrs	Minor	Hrs	(BA/BS/MA/PhD)	(Mo./Yr.)

LANGUAGE SKILLS: <input type="checkbox"/> Multilingual (Specify languages) _____ <input type="checkbox"/> Sign Language
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GEORGIA LICENSES AND CERTIFICATIONS:

Type of License/Certificate	License/Certificate Number	Expiration (Mo./Yr.)	Specialization/Endorsements
Current Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Valid Commercial Driver's License (CDL): Class (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
Teacher Certified in Georgia: Type of Certificate Held:			
Georgia Peace Officer Standards and Training Certificate (POST)			
Other Professional License/Certificate: _____			

CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed.

I certify that all information on this application is correct. I authorize any agent or employee of the State to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law. **I also understand that applications submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature.** I further certify that either: 1) I have not been convicted of a drug-related criminal offense; or 2) if I have been convicted of a drug-related criminal offense, it has been more than three (3) months since my first conviction, or more than five (5) years since a second or subsequent conviction (O.C.G.A. 45-23 et. Seq.).

Signature:

Date:

WORK HISTORY: Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need more space, print out the supplemental work history page and attach to the application. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. *You may submit a resume to document your work background.* However, if the resume does not contain all information requested in the Work History section, please fill in that information on the application. Include additional documents as requested.

Current or Last Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number ()
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
<i>Related Computer Skills:</i>					

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